PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Applique Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR (Column 1) SMALL ENTITY (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) :385° 5770,0 OR **TOTAL CLAIMS** (37 CFR 1.16(c)) x \$18,0 minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) x \$ 86.0= minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) + s290, = OR * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR (Column 1) (Column 2) (Column 3) SMA L ENTITY CLAIMS HIGHEST ⋖ REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENDMENT **AFTER** PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus × \$ 86 = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OF ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST œ REMAINING PRESENT NUMBER PREVIOUSLY RATE ADDI-ADDI-F AFTER **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR ш FEE FEE Total (37 CFR 1.16(c)) AMENDM Minus OR Minus Independent (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Cotumn 1) (Column 2) (Column 3) CLAIMS HIGHEST \circ REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-AMENDMENT AFTER **EXTRA PREVIOUSLY** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000													
	S. C. S. C.	CLAIMS AS	FILED - PART (Column 1)		(Column 2)			SMALL ENTITY TYPE		OTHER THAI		4.1	
TOTAL CLAIMS		148					RATE	FEE	1	RATE	FEE		
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS		142minus 20=		128			X\$ 9=		OR	X\$18=	2304	. 3	
INDEPENDENT CLAIMS			23 minus 3 =		· 20			X40=		OR	X80=	1600	3
MULTIPLE DEPENDENT CLAIM PI			RESENT					+135=		1	+270=	700G .	
* If the difference in column 1 is less than zero enter "0" in column 2													
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												THAN	
AMENDMENT A.		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	· ·
	tal	• 34	Minus .	• 14	<u>X</u>	=		X\$ 9=		OR	X\$18		
AME	dependent	• 16	Minus	••• <u>X</u>	<u> </u>	=		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= TOTAL ADDIT. FEE OR +27 OR ADDIT. FEE OR ADDIT. FEE										+270=			
										OR	ADDIT, FEE		
										, : ,	. \.	ADDI	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO TO	tal	• 54	Minus	/-	48	= .		X\$ 9=		OR	X\$18=		
	dependent	· 16	Minus	••• <u>2</u>	3	=]	X40=		OR	X80=		
FIF	RST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM	· D	IJ			1	070		
•/)	• .	•					+135≖ TOTAL		ØR 2	+270= TOTAL	· · · ·	
9/2	3/NH	(Column 1)		(Colu	mp 2)	(Column 3)	\sim	ADDIT. FEE		OR.	ADDIT. FEE		1
#	9/1/	CLAIMS		HIGH	IEST		ì	\ 	ADDI-	1		ADDI-	ł
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
To To	tal	. 48	Minus	/	48	=		X\$ 9=		OR	X\$18=	7	
N N	dependent	. 9	Minus	•••	13	=]	X40=	. \		X80=		1
▼ FI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]			OR			ł
+135= . OR +270=													
" if th	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												